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By Appointment Only

August 14, 2015

Karla Houchins Program Coordinator CN Program 3418 Knipp Drive, Suite F P.O. Box 570 Jefferson City, MO 65102

Re: Northside Urgent Care Hospital; Project #4096 HS

Dear Karla:

Northside Urgent Care Hospital is requesting the Committee to amend its Certificate of Need by increasing the approval cost from \$6,853,528 to \$8,342,640. This \$1,495,112 cost increase is the result of adding MR and CT to the facility. While neither unit is over \$1 million dollars the combined cost of equipment plus installation is the proposed increase. I have enclosed a sheet showing the costs for the equipment and installation plus the floor plan showing the new CT and MR rooms. Please add this to the Committee's September 14, 2015, meeting agenda.

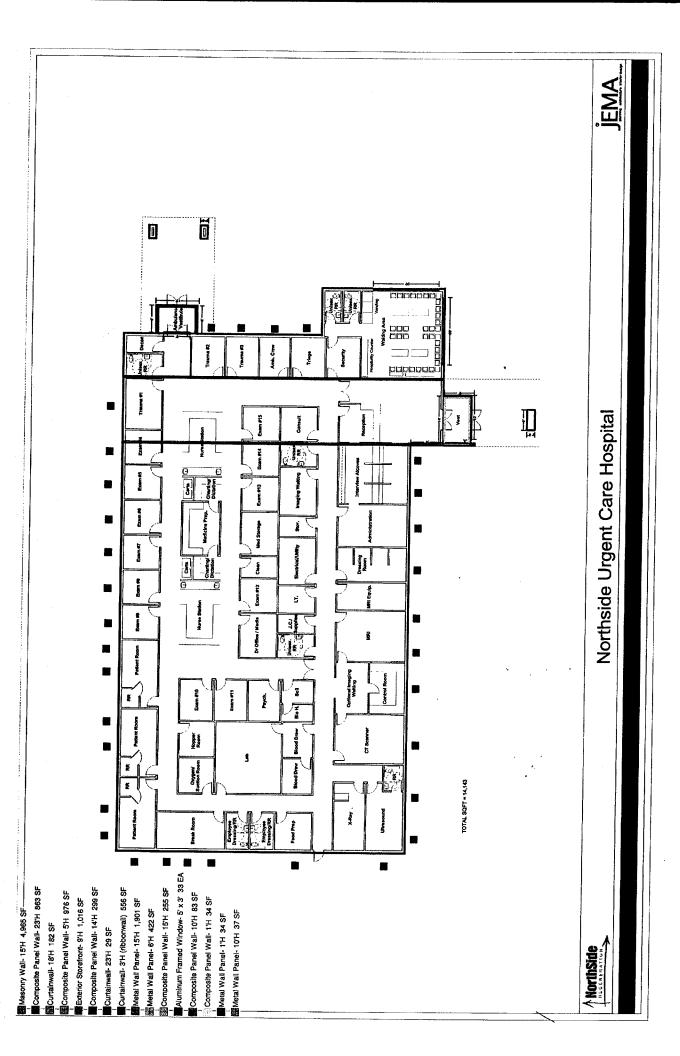
Richard D. Watters

Very truly yours

RDW/esl

Enclosures



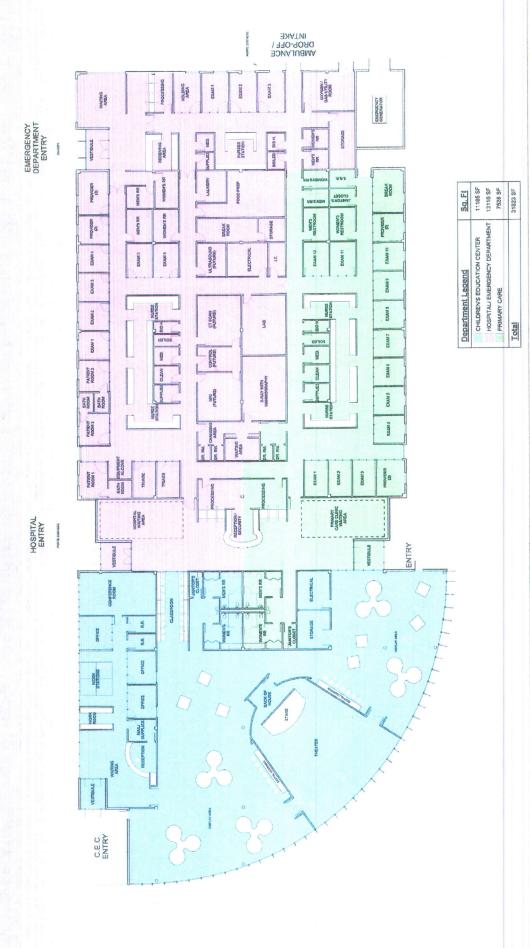


Northside Urgent Care Property, LLC Build to Suit - Imaging Equipment Only Project Assumptions June 26, 2015

04110 201 2010			_		14 142		
			<u> </u>		14,143		
Sources of Funds	<u>i</u>						
Sale - Build to Sult			\$	1,495,112			
Total Sources of Funds			\$	1,495,112			
Uses of Funds					% of Total Cost	Cost	per SF
Land							
Sales Price	Building	3.090 acs.	\$	-	0.00%	\$	•
Broker Fees			\$	-	0.00%		-
Total Land Cost			\$	•	0.00%	\$	•
Hard Costs							
Building			•	400.000	00 750/	•	00.00
Tenant Allowance			\$ \$	400,000	26.75%	•	28.28
FF&E - Imaging Equipme	ent Only		φ \$	1,031,863	0.00% 69.02%		72.96
Site Costs			Ψ	1,001,000	09.02 %	Φ	72.90
Lot			\$	_	0.00%	\$	-
Common			\$		0.00%	•	_
Hard Costs Contingency			\$	12,000	0.80%		0.85
Total Hard Costs			\$	1,443,863	96.57%	\$	102.09
Soft Costs							
Architectural (Shell)			•			_	
Survey & Civil Design			\$ \$	-	0.00%		•
Soil Testing			\$ \$	•	0.00% 0.00%		-
insurance (GL)			\$		0.00%	•	-
Environment Testing			\$		0.00%	•	-
Title & Closing			\$	1,398		\$	0.10
Disbursing			\$	•	0.00%	•	-
Appraisal			\$	-	0.00%	-	-
Attorney			\$	-	0.00%	\$	-
Contingency	•		\$	14	0.00%	\$	0.00
Interest - Construction Pe	riod		\$	49,837	3.33%	\$	3.52
Developer Overhead			\$		0.00%	\$	-
Total Soft Costs			\$	51,249	3.43%	\$	3.62
Total Uses of Fund	S		\$	1,495,112	100.00%	\$	105.71

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mapo.



NorthSide

Northside Urgent Care Hospital

JEMA

DEPARTMENT PLAN



Certificate of Need Program

PROPOSED PROJECT BUDGET

<u>scription</u>	<u>Dollars</u>
STS:*	(Fill in every line, even if the amount is
1. New Construction Costs ***	\$5,120,011
2. Renovation Costs ***	\$0
3. Subtotal Construction Costs (#1 plus #2	2) \$5,120,011
4. Architectural/Engineering Fees	\$441,150
5. Other Equipment (not in construction con	ntract) \$1,789,212
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$495,403
8. Consultants' Fees/Legal Fees ***	\$50,000
9. Interest During Construction (net of inter	est earned) ***\$179,837
10. Other Costs ***	\$273,027
11. Subtotal Non-Construction Costs (sum	of #4 through #10 \$3,228,629
12. Total Project Development Costs (#3 pl	us #11) \$8,348,640 **
IANCING:	
13. Unrestricted Funds	
14. Bonds	
15. Loans	\$8,348,640
15. Loans16. Other Methods (specify)	\$8,348,640
	DO 240 C40
16. Other Methods (specify)	DO 240 C40
16. Other Methods (specify)17. Total Project Financing (sum of #13 three)	bugh #16) \$8,348,640 ** 13,100
16. Other Methods (specify)17. Total Project Financing (sum of #13 three)18. New Construction Total Square Footage	bugh #16) \$8,348,640 ** 13,100

^{*} Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

^{**} These amounts should be the same.

^{***} Capitalizable items to be recognized as capital expenditures after project completion.

^{****} Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

^{*****} Divide new construction costs by total new construction square footage.

^{******} Divide renovation costs by total renovation square footage.

REVISION TO BUDGET

Line #:	
1	\$400,000 for building renovation for CT and MR rooms
5	\$1,031,863 added for purchase price of CT and MR units (quote attached)
9	\$49,837 added to interest during construction
10	\$13,412 added for miscellaneous costs and fees



Wednesday, August 19, 2015

To whom it may concern:

Here is the equipment we recommend for NSR Urgent Care Hospital. Price includes shipping/installation:

Siemens 1.5T TIM Espree MRI - \$701,522.30

OR122 Magnet
70cm Bore Diameter
VB15 Software
LCD Monitor
32X8 Q-Engine
33mT/m Gradient Strength
100 Slew Rate
TIM Application Suite (Neuro, Angio, Cardiac, Body, Onco, Pediatric)
Inline Diffusion, Spine Composing, Music System
Coils Include: Head Matrix, Spine Matrix, Body Matrix, Shoulder Array (Large/Small),
CP Flex Large, CP Flex Small, Flex Interface, CP Extremity
Delivered and installed with a first scan warranty.

GE VCT 64 slice - \$330,340.25

Hercules 8.0 MHU Tube, MX 240 Tube

Xtream Console

Software: Smart Prep, Smart Speed, Connect Pro, Patient 64 Slice, Power 440, Direct 3D, Vari Viewer, Helical Tilt, VCT HighPower, NeuroFilter, AutomA, Data Export Delivered and installed with one year of full service.